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FEC FORM 3	AND D	T OF RECEIPT SBURSEMENT Authorized Committee		Office Use Only
1. NAME OF COMMITTEE (In	TYPE OR PRI			M5
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a maka sa ayan aya	CATION NUMBER ▼) OR (A)	ZIP CODE A STATE ▼ DISTRICT
(a) Quarterly R April 18	PORT (Choose One) eports: Guarterly Report (Q1) Quarterly Report (Q2) r 15 Quarterly Report (Q3)	Primary (1 Convention Election on	2P) Genera	
";	/ 31 Year-End Report (YE)	(c) 30-Day POST-Election I	OG) Runoff	(30R) Special (30S)
, termina	ation Report (TER)	Election on		In the State of
5. Covering Period I certify that I have of	examined this Report and	to the best of my knowledge and lvin C. China	d belief it is true, correct	and complete.
Signature of Treasure	er <u>La</u>	lan Cliny	Date	7 7 7 7 2 0.1,
Office Use Only			\$ 450.5	FEC FORM 3 (Revised 02/2003)